## NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF ENVIRONMENTAL RADIATION PO Box 415, TRENTON, NEW JERSEY 08625-0415 609-984-5462

## RADIOACTIVE MATERIALS REGISTRATION

INSTRUCTIONS - Complete all items in the registration form. Do not make reference to documents previously filed with the State. All attachments are to be appropriately labeled. Submit a separate registration for each license issued by the U.S. Nuclear Regulatory Commission. Attach a copy of the license issued by the U.S. Nuclear Regulatory Commission. Submit the original completed registration form to: New Jersey State Department of Environmental Protection, Bureau of Environmental Radiation, Radioactive Materials Section, PO Box 415, Trenton, New Jersey 08625-0415. Retain a copy of this registration form.

1.	Facility (Institution, Firm, Hospital, Person, etc.)  NAME				
	ADDRESS				
	CITY, ZIP CODE, COUNTY				
	PHONE NUMBER ()				
	NRC Licence No				
2.	Department(s) that will store and/or use the radioactive material. (If more space is needed, include as Attachment	#2)			
	NAME				
	ADDRESS				
	CITY, ZIP CODE, COUNTY				
	PHONE NUMBER ()				
3.	Radiation Safety Officer (Person designated as radiation safety officer).				
	NAME				
	ADDRESS				
	CITY, ZIP CODE, COUNTY				
	PHONE NUMBER () EMERGENCY NUMBER ()				
	(24 hours/day)				

4. Admin	Administrator (Person to whom fee invoices are to be sent)							
	ss							
			Page of					
5. <b>By-Pr</b>	oduct, Source and/	or Special Nuclear Mat	erial					
Nucl need	ear Regulatory Co ed include as Atta	active materials list mmission License. I chment #5.	f more space is					
		SEALED SOURCES						
Isotope		Maximum Amount (curies) authorized under NRC License	Use					

UNSEALED SOURCES	
Max. Amt. (curies) authorized under NRC	

license

Isotope

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Use

## Projected Release to the Environment Isotopes Atmosphere Sewer Other Method (including incinerators) (list): Total/year Conc. Total/yr Conc. Conc. Total/year uCi/ml mCi uCi/ml mCi uCi/ml mCi

	INDIVIDUAL	FILLING	OUT	THIS	REGISTRA	NOITA	FORM
Α.	Name				в.	Title	e
C.	Signature_				D.	Date_	

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